

SUBSTANT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 FEB 11 2015
 Bayfield Co. Zoning Dept.

ENTERED
 Permit #: 15-00089
 Date: 2-18-15
 Amount Paid: \$1615
 Refund: 2-18-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Lauren Greulich Mailing Address: 16100 Eagle Knob Rd Cable WI 54821 City/State/Zip: _____ Telephone: _____

Address of Property: 53580 Tivland Rd City/State/Zip: _____ Cell Phone: 715-222-9887

Contractor: Dykstra Construction Inc. Contractor Phone: 715-682-9599 Plumber: Brown Heating & Plumbing Plumber Phone: 715-682-0444

Authorized Agent: (Person Signing Application on Behalf of Owner(s)) LES DYKSTRA Agent Phone: 715-662-4599 Agent Mailing Address (include City/State/Zip): 50181 St Hwy 13 Ashland WI 54806 Written Authorization Attached: Yes No

PROJECT LOCATION: NW 1/4, NE 1/4 Gov't Lot: _____ Lot(s): _____ CSM: _____ Vol & Page: _____ Lot(s) No.: _____ Block(s) No.: _____ Subdivisions: _____

Section 28, Township 45 N, Range 05 W Town of: Lincoln Lot Size: _____ Average: 1.52

Legal Description: (Use Tax Statement) 04-030-2-2-45-05-28-1 02-000-07000 PIN: (23 digits) _____ Recorded Document: (i.e. Property Ownership) Volume 999 Page(s) 741

Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet
 Distance Structure is from Shoreline: _____ feet

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue If Yes---continue

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue If Yes---continue

Value at Time of Completion + include donated time & material: \$ 205,000

Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the Property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> Private (field to City)
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Private (field to City)
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	<input checked="" type="checkbox"/> Private (field to City)
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pri) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____
 Proposed Construction: Length: 56' (irregular) Width: 58' Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	<u>100' x 100'</u>	<u>15002</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<u>SEE ATTACHED PLAN</u>	
	<input type="checkbox"/> with Loft	<u>16' x 10'</u>	<u>160</u>
	<input type="checkbox"/> with a Porch	<u>16' x 4'</u>	<u>24</u>
	<input type="checkbox"/> with a Deck	<u>16' x 4'</u>	<u>24</u>
	<input type="checkbox"/> with (2 nd) Deck	<u>16' x 4'</u>	<u>24</u>
	<input type="checkbox"/> with Attached Garage	<u>34' x 24'</u>	<u>782</u>
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<u>16' x 10'</u>	<u>160</u>
	Mobile Home (manufactured date) _____	<u>16' x 10'</u>	<u>160</u>
	Addition/Alteration (specify) _____	<u>16' x 10'</u>	<u>160</u>
	Accessory Building (specify) _____	<u>16' x 10'</u>	<u>160</u>
	Accessory Building Addition/Alteration (specify) _____	<u>16' x 10'</u>	<u>160</u>
	Special Use: (explain) _____	<u>16' x 10'</u>	<u>160</u>
	Conditional Use: (explain) _____	<u>16' x 10'</u>	<u>160</u>
	Other: (explain) _____	<u>16' x 10'</u>	<u>160</u>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

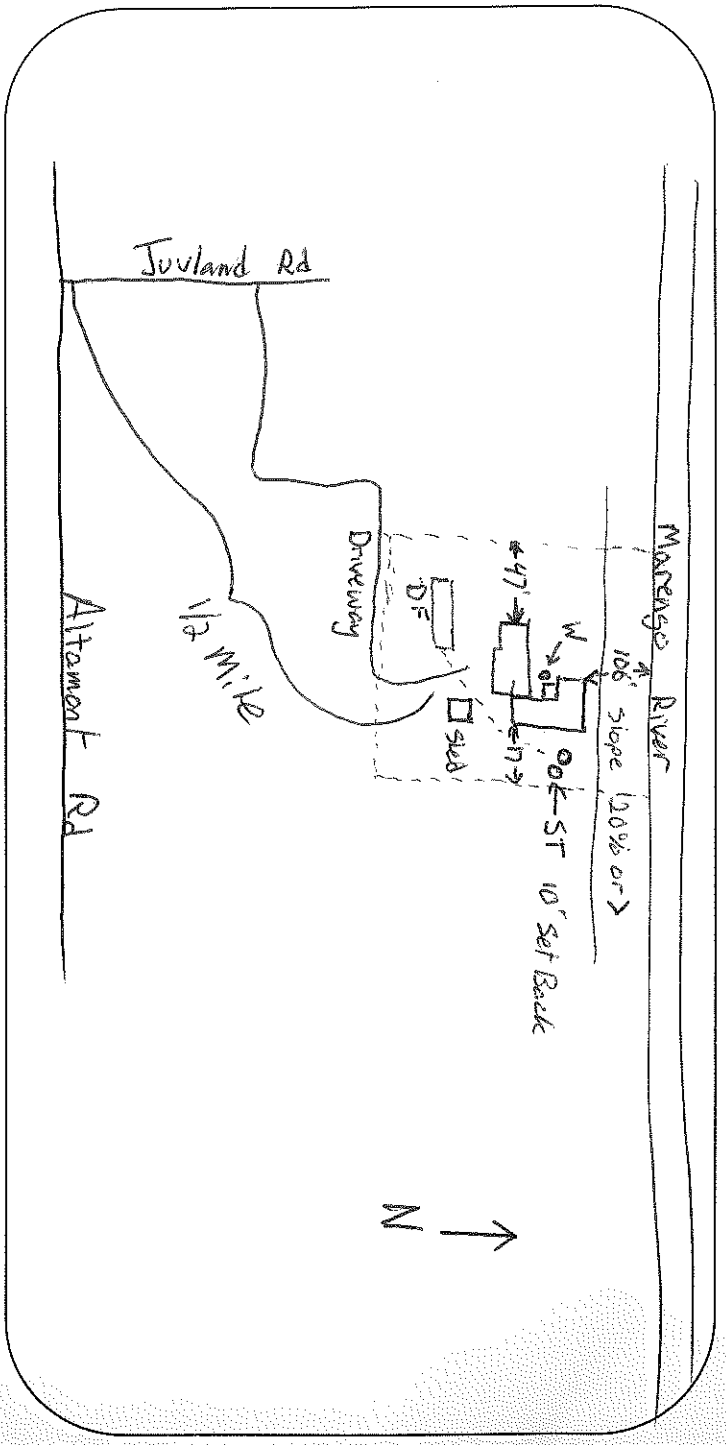
Owners: _____ Date: _____
 (if there are Multiple Owners listed on the Deed All Owners must sign in letter(s) of authorization must accompany this application)

Authorized Agent: Les Dykstra Date: 2-11-15
 (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 52101 ST. Hwy 13 Ashland WI 54806 Attach Copy of Tax Statement
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box Below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1/2 Mi. ± Feet	Setback from the Lake (Ordinary high-water mark)	106 Feet
Setback from the Established Right-of-Way	250 ± Feet	Setback from the River, Stream, Creek	106 Feet
Setback from the North Lot Line	106 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	300 ± Feet	Setback from Wetland	Feet
Setback from the West Lot Line	47 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	17 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10 Feet	Setback to Well	8 Feet
Setback to Drain Field	40 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
 Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Sanitary Number: 15- # of bedrooms: 3 Sanitary Date: 2/18/15
 Reason for Denial: 09-1435 (ARB) Date of Re-inspection: 10/23/09

Permit #: 15-00009 Permit Date: 06-3 2-18-15

Is Parcel a Sub-Standard Lot Yes No (Deed of Record) Yes No
 Is Parcel in Common Ownership Yes No (Used/contiguous lots) Yes No
 Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Case #: _____

Was Parcel Legally Created Yes No
 Was Proposed Building Site Delineated Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Inspection Record: MANUFACTURE HAD ALREADY BEEN TO THE PROPERTY TO MARK SETBACKS (OTHER) FOR DRIVE. CLOSEST SINK LAKES CLASSIFICATION (3) RIVER LINE SURVEYED. PREVIOUS PERMITTED HOUSE REPORTEDLY BURNED DOWN.

Date of Inspection: 2-13-15 Inspected by: JOHANNABORG-MURPHY Zoning District: _____ Date of Re-Inspection: _____

Conditions(s) Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached.)
 IMPROVIOUS SURFACES WITHIN 300 FT. OF DOWN SHALL NOT WEET OR EXCEED 15% UNLESS MITIGATION IS ACHIEVED TO DO MORE THAN (2) PRESENTS SHALL DECOPY THE DRAINAGE WITH NEW GRANITING IS INSTALLED.

Signature of Inspector: _____ Date of Approval: 2-18-15

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: